

CALIFORNIA DEPARTMENT OF INSURANCE

Application for Appointment

CCA 004 (03/07)



The Insurance Commissioner periodically makes appointments to several advisory boards and commissions, many of which are required by statute. Appointments are for a specified term. Some positions require specific expertise or experience before an applicant may be considered. All applicants must complete and submit an application form. We offer equal opportunity to all regardless of race, color, creed, national origin, ancestry, gender, marital status, disability, religious or political affiliation, age or sexual orientation.

1. Date of Application: _____

2. _____
First Name Middle Last Name

3. Are you now, or have you ever used any name other than shown? ☐ Yes ☐ No

If yes, list all names, dates and reason(s) used:

<i>First Name</i>	<i>Middle</i>	<i>Last Name</i>	<i>Suffix</i>	<i>Dates Used</i>	<i>Reason Used</i>
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4. County of Residence: _____

5. Date of Birth: ____/____/____ 6. Sex: ☐ M ☐ F 7. Social Security No: * ____ - ____ - ____

*Required to facilitate background check.

To be kept secure and treated as confidential.

8. Position(s) Sought: (List in order of preference)

a. _____

b. _____

c. _____

9.

Business Title:		
Company:		
Address:		
City/ State/ Zip		
Phone: () -	Fax: () -	Email:

10. Business and Employment record for the past ten years. Please list the most recent first:

Employer	Title / Type of Business	City / State	From Date	To Date

11. Educational History. Please list the most recent education first:

College/ Graduate School (Name & Location)	From Date	To Date	Major	Degree Obtained

12. Please list all professional licenses, (including insurance) and certificates you have held as an individual, or in a business name (including but not limited to corporate and partnership licenses and licenses under fictitious business names). Use a separate piece of paper for additional licenses.

	Licensee Name and Type of License	License Number	Effective and Expiration Dates
a.			
b.			
c.			
d.			
e.			

13. List all organizations and societies of which you are a member (current to last ten years):

Organizations/ Societies	Position	From Dates	To Date

14. Please mark categories in which you have personal or professional insurance experience:

a. Please check appropriately: Are you currently or formerly an:

☐ Agent (☐ Exclusive ☐ Independent) ☐ Broker

b. Types of Insurance

- | | |
|---|--|
| <input type="checkbox"/> Auto | <input type="checkbox"/> General Liability |
| <input type="checkbox"/> Crime and Surety | <input type="checkbox"/> Property |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Title |
| <input type="checkbox"/> Life | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Homeowner's | <input type="checkbox"/> Other (specify): |

15. ☐ Y ☐ N Has any professional license held by you been the subject of disciplinary action? Please advise of the dates, and specify any fines, suspensions, revocations or other sanctions resulting from disciplinary actions. Please also list any Cease and Desist Orders, Restraining Orders or Injunctions entered against you or any business entity with which you have been affiliated.
16. ☐ Y ☐ N Have you ever surrendered or failed to renew any license to avoid the possibility of regulatory action against you?
17. ☐ Y ☐ N Are you a citizen of a country other than the United States? If so, list country:
18. ☐ Y ☐ N Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) which might present a conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain.
19. ☐ Y ☐ N Do you own real property, personal property, or financial holdings that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain.
20. ☐ Y ☐ N Are you currently under federal, state or local investigation for possible violations of a criminal law, or ordinance? If yes, please explain.
21. ☐ Y ☐ N Have you ever been convicted of a crime? If yes, please provide the State, County, and Year the conviction took place.
22. ☐ Y ☐ N Is there anything in your background which if made known to the general public through your appointment would cause an embarrassment to you and/or the Department of Insurance? If yes, please explain.

AUTHORIZATION AND RELEASE

I hereby acknowledge and agree that my application may be given to the California Department of Insurance (CDI) Investigations Bureau and/ or other Department of Insurance personnel in the event my name is submitted for evaluation by them, and that all or portions of my application or the information contained therein may be given to or shared with other committees and/ or individuals who have been asked by the Insurance Commissioner to assist him in the evaluation of applicants for appointment. I further acknowledge and agree that for the purpose of aiding the Insurance Commissioner in evaluating my background and qualifications, CDI staff will be entitled to seek and obtain information and documents concerning me from firms, companies, corporations, public records and other third parties, including those mentioned in my application.

I hereby authorize any governmental, licensing or law enforcement agency, to release to the Insurance Commissioner any and all information which those agencies may have about me (whether public, personal or confidential) for the purpose of aiding the Insurance Commissioner in evaluating my background and qualifications for appointment.

I hereby release and discharge the Insurance Commissioner and his representatives, all agencies, their agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing, use and inspection of documents, records and other information and the investigation of my background and qualifications, and this release shall be binding on my legal representatives, heirs and assignees.

I hereby declare under penalty of perjury under the laws of the State of California that the answers and statements provided by me in the forgoing application are true and correct.

Print Name _____ Signature _____

Executed at _____ on _____, _____

RETURN THIS APPLICATION FORM TO:

Office of the Commissioner
Attention: Carol Wunsch
Department of Insurance
300 Capitol Mall, Suite 1600
Sacramento, CA 95814
Phone: (916) 492-3575
FAX: (916) 445-6552